

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

March 3, 2023

9:00-10:00 am

Subcommittee members present: Jeanne Savage, Sarah Present, Kat Mastrangelo, Jocelyn Warren, Cristy Muñoz

Subcommittee members absent: Ryan Petteway

OHA staff: Sara Beaudrault, Kusuma Madamala, Elliot Moon, Carol Trenga , Amanda Spencer

Guest presenters: Kathleen Rees, Lauralee Fernandez, Kathleen Johnson

Welcome and introductions

Sara B

- Sara reviewed agenda and plan for Environmental Metrics
- Introductions
- Motion to approve minutes passed unanimously by all members present.

Portland Metro Regional Climate Health Monitoring Report: Heat and Air Quality

Lauralee and Kathleen

- Indicators of Heat Related Health:
 - Mortality: Heat-Related Deaths
 - Morbidity
 - Heat Related illness urgent care and ED visits (updated daily – ESSENCE)
 - Heat related hospitalization (updated annually – Request from State)
 - Indicators of Air Quality Related Health
 - Morbidity
 - Air quality related respiratory illness urgent care and ED visits (updated daily – ESSENCE)
 - Pollen allergy related respiratory illness urgent care and ED visits (updated daily – ESSENCE)
 - For heat related deaths, numbers are aggregated at the regional level to avoid small number issues.
 - One discussion that CLHO workgroup is having is around how using both mortality and morbidity (at all levels) data gives a better picture of the impact of heat related event, as opposed to just using mortality and severe morbidity.
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- Jocelyn: Concern about using heat deaths as a metric for accountability as the numbers most years since 2016 are under 5 deaths a year statewide which makes it difficult to see the impact of interventions/programs year over year.
 - Heat Related Illness Urgent care and ED visits:
 - Graph shows Heat number of Heat Related ED and Urgent Care visits during the summer months by county per 100 thousand persons in the Portland Metro Area (Clackamas, Multnomah, and Washington Counties).
 - One person could account for multiple visits.
 - Sara B: Having information around how these visits vary by race and ethnicity or other demographics could be used to help inform what types of interventions could be most helpful and could help us determine if inequity is being reduced over time.
 - Kathleen J: This data is being by race and ethnicity data for the Portland Metro counties, but it isn't being shown here because that part of the report is still being developed. However, a breakdown by race and ethnicity might be possible on a statewide level
 - Carol: We do have that for the state for morbidity and mortality. One issue that was had is that there was a lot of preliminary reports during the heat dome related to morbidity and mortality, but they didn't exactly reflect the final numbers that were reported once the heat dome was over, so it is important to remember that data (especially for recent years) is subject to change.
 - Carol presented 2021-2022 state data for heat related and non-heat related mortality by non-white race and ethnicity.
 - Jocelyn: It is important to track mortality data even when there are small numbers to help prevent deaths. However, when looking at a system level, small numbers in mortality data make it difficult to see the impact of interventions, but morbidity data could more accurately show the impact of interventions.
 - Cristy: Deaths related to heat events (even when they are small numbers) are typically preventable deaths and nationally tend to more greatly affect communities of color, low-income elders, outdoor workers, and people experiencing homelessness. We should have metrics and measures that make it easier for public health to work with emergency crisis management. What does it look like to have metrics that encourage cross collaboration across sectors? There is an opportunity to add metrics that reflect what we are tracking regarding the climate crisis.
 - Kathleen: In terms of ESSANCE data, it depends on what is entered by a provider, so "outdoor worker" would be a piece of qualitative data entered in a provider note talking about exposure and providers are not always consistent with what information they enter into their notes. As we have also mentioned before in previous meetings, REALD information is entered by providers and not by patients themselves. Asking these questions and raising these issues now helps to can help us improve this data and data collection in the future to help us better understand who is being impacted and how they are impacted.
 - Kathleen: Mortality data can still be useful because there was a spike during the heat dome after which there was a lot of interventions put into place on the
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state and local level. So even though the mortality numbers are small again, if there is a heat event similar in intensity to the heat dome in the future, hopefully we should be able to see if these interventions have had an impact.

- Sara B: There are indicators around air quality where a lot of the same issues and concerns will come up when we look at those. We are also considering indicators around water security and build environment.
- Carol: showed indicators that are being considered for water security and stated that they are used more to show the need of intervention, but it is hard to have specific health outcomes related to these issues to track.
 - Oregon Drinking water advisories is a health metric that could be used at the county level.

Subcommittee business

Sara B

- Sarah P will provide update to next PHAB meeting.
- Kat: It would be helpful to have a board or visual to track conversations during these meetings.
- Sara B: Next Subcommittee meeting will be on 3/14/2023 and will focus on Communicable Disease.
- No public comment

Meeting was adjourned
